

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

WATER WELL REPORT

State of Washington

IC Site ID: **BDT** Unique Well ID:
Start Card:
Water Right:

(1) OWNER: Name: **FROSTAD FARMS WATER ASSOCIATION**

Address:

(2) LOCATION OF WELL: Island: **Whidbey**

Township/Range-Section: **33N/01E-13E**

Parcel Number: **R13313-299-0480**

(2a) Well Address

PWS-ID: **26648C**

Source: **1**

PWS-Name: **Frostad Farms Water Assn**

(3) PROPOSED USE: **Domestic**

(4) TYPE OF WORK: Owner's Well Number (if more than one): **1**
Method:

(5) DIMENSIONS: Diameter of Well: **6** inches.
Drilled: feet. Depth of Completed Well: **44** ft.

(6) CONSTRUCTION DETAILS:

Casing Installed: Diam. (in) from to (ft)
6

Screens: Type Zone Diam Slot from to (ft)
Stainless Steel 1 6 0.008

Surface seal: Material: To depth: ft.

(7) PUMP: Type: **Submersible** Horsepower: **1**

(8) WATER LEVELS: 1 Land-surface elevation (MSL): **13.67** ft.
AvgWL Elevation: **-5** Calc'd Elev: **12** ft.
Earliest Level: **16.75** ft. below toc Date: **3/1/1971**
Lastest Level: **16.75** ft. below toc Date: **3/1/1971**
Average Level: **16.80** ft. below toc Average Date: **3/1/1971**

(9) WELL TESTS:

| Type | Yield | Drawdown | After | Date |
|-------------|---------------|-------------|--------------|-----------------|
| Pump | 22 gpm | feet | hours | 3/1/1971 |

(10) WELL LOG DESCRIPTION:

| Material | From BGS | From MSL | Thick |
|----------|----------|----------|-------|
|----------|----------|----------|-------|

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Work Completed: TD Elev: **-32** ft. MSL

WELL CONSTRUCTOR CERTIFICATION:

Name: **Unknown**

Address:

Contractor's

Registration Number:

Remarks: **TRS changed from 33N/01E-13K after Parcel Check.**

Max CL: Generated by the Island County
Max NO3: **0.5** Hydrogeologic Database: **3/8/2007**

Disclaimer: Data presented has been collected from a variety of sources.
Island County makes no guarantee as to the validity or accuracy of this data.
Please report any errors to the Island County Hydrogeologist

26648 SOI m



WASHINGTON STATE
DEPARTMENT OF
ECOLOGY

Well Tagging Form

Unique Well Tag No: APH147

RECORD VERIFICATION (check ☒ one)

- ☐ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☒ Well Report not available

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WELL OWNERSHIP IF DIFFERENT FROM WELL REPORT

Name: Frostad Farms Water Assn

Street Address: _____

City: Oak Harbor

State: WA

WELL LOCATION IF DIFFERENT FROM WELL REPORT

Well Address: Hoffman Rd/R13313-299-0480

City: Oak Harbor

County: Island

T. 33N R. 01E W.M. Sec. 13 SW 1/4 of the NW 1/4

FOR AGENCY USE ONLY

Latitude: 48 20.91395

Longitude: 122 38.13003

Elevation at land surface 14 feet meters (circle one)

Additional Information, if available:

☐ Location marked on topographic map (please attach)

☐ Location marked on air photo (please attach)



GPS



Topographic Map



Survey



Computer generated



Digital Altimeter



Topographic Map



Other: Computer Generated from

DEM and GPS XY Coordinates

Tag placed and well
GPS'd by:



ISLAND COUNTY
PUBLIC HEALTH
ALWAYS WORKING FOR SAFER AND
HEALTHIER COMMUNITIES

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WELL CHARACTERISTICS

Physical Description of well (size of casing, type of well, housing, etc.)

Well/Pumphouse Is Between 3832 Hoffman And 390 Frostad. Turn Right On Hoffman. There's A Trail On Right-- Leads To Pumphouse. Pumphouse Has White Door.

Location of Well Identification Tag:

Was supplemental tag needed for easy of identifying well?

☐

Yes

☒

No

If yes, where was tag placed?

| | | | |
|---|---|---|---|
| D | C | B | A |
| E | F | G | H |
| M | L | K | J |
| N | P | Q | R |

SECTION: 33N/01E-13

COMMENTS:

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Water Right #

Date Issued:

Circle One:

Application

Permit

Certificate

Claim

Exempt